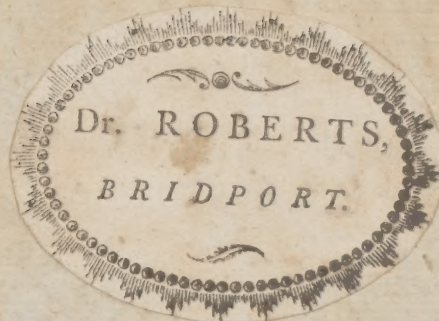


Lectures
in ——— in

in 1795 in

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Delivered by Dr Haighton
 And
 Taken down by Giles Roberts.
 Lectures on Midwifery.

COURSE 1st

The pelvis is the first thing that Engages our attention in learning midwifery and there are two Considerations on the pelvis first on the Dry pelvis secondly on the Recint pelvis, there Are many observations on the dry pelvis as here are 14 for Inspection the pelvis is the foundation and support of the Uterus through the knowledge of which you are informed of the passage of the Foetus, and by measuring it in Different directions you find the length and wedth. Now the recint pelvis is when it has the tegments ligaments ^{muscles} ~~muscles~~ & we are chiefly to regard the female pelvis which are of Different dimensions now that most proper to be taught by is a standard pelvis and measures four Inches from pubis to Sacrum & five Inches from Ilium to Ilium.

Now the medium pelvis is between the largest and the smallest which is taken out of a hundred Eighty of which there was but Verry little Difference about the Eight of an Inch or less The pelvis has two parts The upper and Lower or true part as when we say a Child has entered the pelvis it is meant in the lower part or in Lower pelvis, In infants the Osia inamonata is composed of three distinct bones Viz the pubis Ischium & Illium Now in the foetus the pelvis being so formed that the Cartilalages gives way and Renders the Dilivery easy, in breech presentations, There are three other parts in which the pelvis is Divided Viz the brim is formed by the line inomonata, the Cavity & out let or Exes pilvis, the brim of the pelvis is sometimes so sharp that the Uterus pressing on it becomes painfull the Woman Expresses her pain on the share bone the best method is a bandage to keep up the Abdomen? the pelvis would be of an Oval if it was not for the protuberance of the basis of the vacuum so if the labour is Natural the Long Axis of the Childs head will fall into the Long Axis of the pelvis but if on the Contrary the

Long axis of the Head should fall on the short axis
 of the pelvis which you may easy turn with your fingers
 by passing them immediately under the pubis and
 when the Head is got in the Cavity it takes or must
 be assisted in a turn with the face to the Sacrum
 that being the Largest Cavity and then the Child is
 Ext under the pubis the whole forming a Curve line
 B the turn or Entrance of the pelvis when the Childs head
 Comes Even with the pubis the forceps then Can be made
 Use of and not before. { or the Vagina }

xxxxxxxxx 2nd Day xxxxxxxxx

A pelvis may be very small and be the Cause of Labo-
 rious Labours or it might be made in just proportions,
 Now a Deformed or Distorted pelvis have three proper-
 ties, Loss of figure property & Beauty, Deformity
 Consists in general, before backwards that is the lower
 Vertebre Lumborum joining to the basis of the sacrum
 projecting forwards that makes a small Distance
 between os sacrum and the pubis or the Deformity
 may be from side to side the pubis approaching

Each other in the form of an Angel or the pubis
 sometimes is verry flat as it were push toward the
 Sacrum and Renders the passage verry narrow and
 of Course Dangerous & Difficult Labours, now amo-
 -ngst a number of pelvises some will be deformed and the
 Brim is also Deformed now deformity at the Brim
 which will Obstruct the Childs passage or in
 other words obstruct the child in passing it is
 known by the Elongation of the Childs head by
 being press'd through the Brim it takes sometime
 for the pressure to moddle the Head by the sutures
 Colapsing or Riding over each other. That it might
 Receive the long or flat form. by thes appearances
 you may Judge it to be a Labourous Labour there may
 be a Crooked spine without a Deformed pelvis but
 when the spine bends in and the Loins much
 forward it throws the Vertebre in the pelvis, now
 the Rickets often Deform the pelvis by the bones in
 their youth being verry soft not able to walk by
 continual sitting now if you see a woman who
 throw herself first on one side and then on the other

To get forward or waddles along you may be
 assured she has a Deformed pelvis from Rickets &c
 there has been Different methods purposed for meas-
 ureing the pelvis the best is to introduce the mid-
 dle finger under the pubis to the base of the sacrum
 and you will feel where the pubis touches the
 Lower part of the fore finger near the Thick of the
 Thumb and measure that Distance and that
 will give you how many Inches it is from the
 pubis to the sacrum if the pelvis be Deformed in
 Approaching, as an angle you may Judge how much
 by Introduceing your three fingers Under the sym-
 physis pubis and if you find them lay Even there
 is no Angel but if an angle they will Ride Each other
 that is over one another, if Deformity in the cut Let you
 will observe the process of the Os Ichiun approaching
 Each other Angel ways Now these Illconveinancys in
 the pelvis Cause laborious Labours but it often happens
 through strong pressure the Childs Head will much
 Inlongate and press through a small pelvis Suppressing
 ly, for at times Nature will perform wonders &c

3rd Day

The Calamities of a deformed and narrow pelvis being treated off we now come to Consequences attending a large or verry large pelvis, sometimes when so Large it has been known that the Child has been Dilevered at one pain it has happned that a woman walking across a room and the Child Dilevered at once and by tearing away the placenta bad consequences may arise. It Happens sometimes a woman has been Deceived by labour pains for an Inclination of going to stool from the Head of the foetus being prest on the Rectum which will excite that Irritation, this must be Considered for a Child being Dilevered in this way in a Necessary has been the Cause of much inquiry and nobody thinking that it was the Consequence of a Large pelvis this terminates verry Unhappily particularly if the woman is not married, because the Child being Dead it may be thought she Did it on purpose now in this Case we suppose the parts Ready for Dilevery now in case the parts are not the Uterus may be forced Quite out pirticular if the Child is small from the Uterus not

being Dilated if you should find the womb bearing
 Downe in the pains and not sufficiently Dilated you
 must desire the woman not to bear Downe, and you
 must yourself bear against the Uterus and keep it up
 Untill it is Dilated, supposing the womb is Dilated
 the External parts might be very Rigid and the child
 coming Downe with violent force through the pelvis
 being large may violently Lacerate ^{the} perineum,
 which you must endeavour to prevent, this shows how
 Necessary it is to go immediately when Call^d? ~~in~~
 The male pelvis is Next to be Considered the Distin-
 ction between the male and female pelvis is that
 the male is larger and massy the bones more
 Substance and is not Oblong from Ilium to
 Ilium, the Acetabulum is Larger and Closer
 together likewise the sacrum is more Curved but
 the most particular is the Arch of the pubis being
 Closer together likewise the sacrum Curved but the
 most particular is the Arch of the pubis being
 Closer the pelvis Not spreading so much in men
 as in women, men in general have more breadth

At the shoulders, it is necessary to know how the Body bears in different (Situations) or states of pregnancy now a line through the pelvis will strike the Navel so it appears as pregnancy advances the pelvis goes back and the navel rises Drops This situation must be known as you may be mistaken in taking the Sacrum for the Head of the Child, &c The child can only pass through the pelvis three ways Viz the Head the feet and the breech there are a variety of different pilvies and the medium termed standard so are the heads of Children of different dimensions, but with management and knowledge a head exactly filling the Cavity of the pelvis will go through Easy,

In the Explanation of presentations Authors have been very Complex, Now the Vortex may be presented Centrally in the Cavity, but in many situations which has been Call'd all presentations in breech and face case they are subject to many Situations, the most favourable is when the Vortex presents in a line with the Occiput an the Chin prest on the breast, as this is the Most favourable Situation?

***** ^{the} 4th Day *****

Presentations has often been confounded with situation
 now the general presentations are three as Vertex the
 face and the but yet they have all their situations
 as the long axis of the foetus head may rest on the short
 axis of the pelvis and may happen not directly across but
 a quarter way which takes the quarter turn for the head
 to be in the Right Situation now the Long Axis of the head
 falling into the Long Axis of the pelvis and as the child
 descends nature gives the head a quarter turn with the
 face into the Bottom of the sacrum which is the most
 favourable presentation it must be observed that the
 Long Axis of the pelvis is from side to side in the
 brim but in the outlet or lower part the longest axis
 is from sacrum to pubis, which from the first
 Situation wants the quarter turn to place it in the
 second situation that is the head, when the face
 presents it is generally a long and lingering
 labour the head of the foetus and the bones of
 the pelvis not agreeing in that situation
 As some parts of the head will be much preper

the Head bearing on different points as when the head
 in the pelvis loses much Room and renders it a long
 laborious labour. Likewise when low Downe the vertia
 will press and budge the perineum and rectum
 which when the Child is large Endangers a laceration of
 the perineum now if you should find and be certain that
 the Obstruction is by the Vertia being detained and you
 Cannot pass your finger to assist pass the Laver and
 Draw the vertia Downe and Delivery will be in the
 Natural way, but you must be well informed and
 Certain of the presentation and Situation for if you
 slide the Laver on the Chin you Draw it Downe &
 certainly make a false Case of it a child might be born
 in that position but requires much time, but if you are
 certain of the position you may try to bring the Vertia
 Downe with your fingers or Laver now to bring the vertia
 Downe it is said you must Raise the Chin up which
 is done by Depressing the Occiput as Drawing the vertia
 Downe Raises the Chin close on the breast which situation
 favours the Delivery there is a situation call'd a most
 Case when the forehead presents which you will

Distinguish by feeling the Eyes and Nose on one side and the great Fontall and Sutures on the other side. this presentation mostly turn to a vertex or face Case. if the face is to the mother's belly it must come under the arch of the pubis you must well inform yourself how to Distinguish what part of the Head presents now the Longest line that can be Drawn is from the vertex to the Chin that is through the Child's Head and the shortest is when the Chin is prest on the breast to the Occiput which shows when the Chin is prest on the breast it is the most favourable situation for Delivery the bones of the Cranium ~~should be~~ in an Infant twelve which shows how much the Cranium will Compress when there is violent force Likewise attention must be paid to the sutures to Judge what part of the Head presents as the parietalia bones are joined to the os frontis by the suture coronalis and the parietalia to one another by the suture sagittalis and to the Os Occiputi by the lamboidealis and to the Os Temporum by the suture squamosa, the great fontall which likewise is to be.

observe, the great fontanelle coronal & sphenoidal
 which forms the great fontale, and is larger in some
 children than in others The small fontale is where the
 Sagittal Ends, and the lambdoidalis goes across that
 joins the Occiput to the parietalia, by knowing the exact
 situation of the sutures & fontalls will lead you to the
 knowledge of the situation and presentation of the head
 now when there is a Hydrocephalus the whole length of
 the suture Sagittalis will be open one or two fingers
 breadth and you will feel a fluctuation of water which
 if it should hinder labour there must be a puncture
 made in the Head it has burst before now by the cranium
 being compress'd in the Vagina ~~the head is~~
 you must distinguish the different presentations by
 feeling and Touching, as when the Vertex presents you
 will feel the great fontale coronal & sagittal sutures
 if the face the prominent parts as the Eyes nose and
 particular the mouth of the Back the process vertebrae
 if the Shoulder is hard press'd in the pelvis it will
 be hard to distinguish but you must feel for the arm
 Now when the Head enters the pelvis to distinguish

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The situation you must feel for the Ear the smooth
and flat of the Ear will be towards the face the cartilagi-
nous or flap of the Ear will be towards the back part
of the Head if you cannot feel the Ear the great fon-
tanell and suture to the little fontanelle will inform
you which way the face is and how the Vertex is situa-
ted now if you should find the great fontanell on one
side and the face on the other you may suspect it to
be a forehead Case so it will be better for you not to
give your Opinion how the Labour will be until
you are acquainted with the Situation of the Head
~~~~~ 5 Day ~~~~~

In the licent pulvis with its Contents the first thing to  
be considered ligaments which joins the bones together  
where muscular force has not been given,  
the ligaments are generally Elastic and the ligame-  
nts of the pelvis are of this sort. the Symphesis pubis  
is joined with a Double Cartilage and there is a space  
between them and sometimes a cavity which has been im-  
filled and thus has formed which has Destroyed Cartilage  
and caused much pain and great lameness and at



Last Destroyed the woman we see the formation  
 of these tumors in a preparation it has been  
 supposed that the ligaments of the pelvis were movable  
 & give way in labour, but our professor Dr. Keightley  
 cannot think so as the consequence of over stretch.  
 Ligaments in Labourous Labour has been so great  
 that the woman has been confined to her bed for seven  
 months and a long time before she could walk  
 it is cured by bandage with straps & buckles in the  
 form of a waist band of a pair of crutches & brace bound  
 the pelvis for some months, the muscles adjacent to  
 these parts ought to be considered as their acting as  
 raising powers & their Muscular force in Expelling  
 the fetus the Nerves likewise must be considered the  
 Crural or former Nerve which come out of the foramen  
 of the Os Sacrum and go to the base of the pelvis  
 into the thigh the Sciatic Nerve come through the  
 different foramen and joins in one large nerve  
 and goes down the thigh by the back of the pelvis  
 and when this is pressed by the Child it causes great  
 pain down the thigh & causes the Cramp or spasm



Likewise instruments if not Rightly Used causes the  
 same Complaint as cramp or spasms the Aiac Artery  
 and Vein pass through here to the thigh and sends  
 branches to the Uterus & Bladder, now the coats  
 of the veins are thinner then the Coats of the Arteries  
 and of consequence Receive the pressure sooner & the  
 blood is is retarded in the Lower Extremities and prest  
 into the minutest vessels and the Lympha is exhaled or as  
 it were by fusion prest into the Cellul<sup>lar</sup> membranes of the  
 Lower Extremities & Cause Comatious swellings in the  
 Legs before labour, likewise the Lymphatics are obstru-  
 cted which may at this time cause the piles,  
 the Contents of the Bladder and Rectum obstructed  
 A continuance or Incontinuance of urine by these parts  
 being prest - ?

~~~~~ 6<sup>th</sup> Day ~~~~~

The parts of Generation are next to be Described in the
 first place they are to be Divided in two parts internal &
 External the external are those that appear vizible to
 the eye that is the mons Veneris labia pudenda Nymphae
 Clitoris & Hymen Internum the lowest Extremity and

of the labia pudenda and joins to the pericænum
 the mons veneris is more or less Covered with fat as the
 Subject is Inclined, these parts are liable to diseases
 which Call for the Assistance of the practitioner in
 Midwifery, an Inflammation Deep Internally from
 Mons Veneris with shooting &c Indicates that there
 Maybe a Cancer, sometimes there is another Disag-
 reable Complaint, of great Itching with little Eruptions
 this sometimes Symptoms of worms and sometimes from
 Appearant, the Ung. Cerussa Camph. will give relief
 sometimes arises from the stone symptomatic, the
 Labia pudenda is subject to Disease and malform-
 ation as Cohesion of the labia which must be separated &
 the labia kept from coming together as it will ad-
 here and grow together again, this generally happens to
 Children, the labia pudenda is subject to Hernia which
 must be relieved by bandage sometimes the labia is una-
 varicious (Carcinus) as midwifery from the pressure on the
 Internal & the veins there is seldom any occasion for
 puncture for being supported with tight Bandages and
 Compress on the Labia has been found sufficient until

Sulcur, these parts are subject to tumors from Extravas-
 -ated blood from falls and bruises if a puncture is made while
 the blood is fluid it will immediately Discharged if the tumor
 is small and no puncture the absorbents will take it up
 by the Help of Absurgents, but if the Coagulum remains
 undurated it causes Inflammation suppuration and so
 forms an Abscess & then Use poultices & Treat it as such
 Sometimes this happens from Labourious Labour)

The Clitoris is composed of the plexus or membranes,
 corporis which is full of blood vessels & the Corpus,
 cavernosa which join together and is cellular as we
 see by this Swelled preparation the Nymphæ is a fold
 of the Ligaments sometimes they are supernaturally -
 Large, then it is necessary to Exterpretate it it maybe -
 subject to Disease and a tumor,

The Urethra is Next to be taken notice off - and you
 must be particular Attentive to its situation that you
 may know Accurately how to Draw of water with the
 Catheter a woman with Child sent for a man midwife
 Draw of her water he Introduced the Catheter into the
 Vagina and broke the membranes of the foetus and

Thought it was the Urine, you must know the-
 situation that you may introduce the Catheter by feeling
 and not Expose the woman, for by this you are liable
 your self to be Exposed, and some practitioners have intro-
 duced the Catheter into the Vagina for want of know-
 ing the Situation of the *metus Urinae*?

uncommon 7th Day ~~uncommon~~

Rules to find the Orifice some people have thoug-
 ht and made a practice of it that by introducing the fin-
 ger or Catheter close under the pubis you would find the
 orifice others have felt for the Orifice of the Vagina and have
 introduced a little above that is the best way to find the *metus*
Urinas between both you meet with Obstructions that renders
 it Difficult tedious and painful even the best way is to
 feel for the Clitoris which you may easily distinguish
 then pass your finger Down one Inch below from the
 Clitoris and you will feel the Orifice of the *Metus Urinus*
 then with the other hand take hold of the Catheter between
 your Thumb and finger and holding it ^{not} stiff pass it gently
 Insinuating it about and it will slip into the Orifice
 the situation of which we see in Different preparations

Retention of Urine often happens to women in pregnancy when Urine is Confined in the bladder too long and the retention is great. The mark of the Retention will be febrile or feaver, symptoms and if there is no help and the Accumulation & Distention goes on & the symptoms increase, as the bladder cannot increase or extend ad infinitum it must of course burst, (as we see in this preparation) & although there might be a dribbling away of Urine continually. Remember secretion is going on as common in the kidneys and will fill the bladder faster than the Dribbling. Evacuates, you must be more suspicious of much water Contained in the bladder when the woman tells you that it is continually coming away if you find it necessary Introduce the Catheter and Draw off the water. Suppression of Urine often happens to women in pregnancy and commonly in the third month as the Uterus is about to rise out of the pelvis and press on the neck of the bladder, so that it often happens that women want their Urine Drawn off at this time when the Uterus is risen out of the pelvis the pressure will be taken off.

when suppression comes on through Inflammation which you must Distinguish by symptoms, Use Catharticks Bleeding Bladders of warm water applic'd Extended region of the abdomen, in this Case if necessary to Draw off the water a small Catheter will be best which you must pass in the most gentle manner introducing it in by Symples Holding it slight between your finger & Thumb feel as before Directed and it will Drop into the Urine Orifice sometimes Spasms cause suppression of Urine Bladders of warm water Rhygi Clysters with Rhygi & Gum Arabic as Urethra is not long, so the Catheter need not be long and the Curve but slight a number of small holes at the side is better then one at the End when you have Introduced it withdraw the shillet, and the Urine will Run The position of the woman must next be attended to she must sit on the Edge of the Bed a little Reclined back wards and the Thighs Drawn up a little then with your Hand and one finger feel for the Clitoris and that will Direct you to the Orifice and with the other Hand Gently Introduce the Catheter, if the Distention of the Bladder should appear like a Dropsy which have Deceived, ~~never~~

Practitioners who have punctured the Bladder taking
 the tumor for a dropsy, making the puncture with
 the trocar, some women who would wish to conceal
 pregnancy will make it appear to you that they are
 Dropsical which you may Distinguish by pressing
 your hand on one side of the Abdomen and shaking on
 the other side you will feel a fluctuation of water
 if you find it a supposed Dropsy, Inquire into the
 state of the Bladder, sometimes the Loss of the power
 of Retention is so great that there is a constant com-
 ing away of water the tone being lost through pressure
 and Extension of the Bladder & its Neck, sometimes this
 this incontinence of Urine through pressure the parts
 becomes numb or Dead, and a disposition to sloughing
 or mortification by loss of substance, when the Tonic
 powers are much Dibilitated, a blister applied to the
 Sacrum has been of Use R Canth. taken Inwardly to
 bring on a Stranguary as you may see Necessary ~~is~~
 the Cold bath or any thing of an Astringent quality,
 Caruncle Myrtiformes supposed to arise from a ruptur
 et Hymen, but Denied by Baron Haller, but we see =

them in Different preparations they may be morbid or
 Relax'd, the Hymen is frequently found in Children and some
 times in adults (as we see in Different preparations) some
 are Circular others like a halfbloon &c and is a circular
 folding of the Inner membrane of the Vagina and in adults
 some are semi lunar, sometimes it is so large as to fill
 up the whole passage of the Uterus entirely and is called an
 Imperforated Hymen & is not known sometimes till the
 Menstrues want to Evacuate which you will Observe
 by the fullness of the breasts and symptoms attending and
 no Menstrual Discharge then you may suspect an im-
 perforated Hymen and if you are permitted to Examine
 you will find it like a little bag of water protruding some
 times below the Labia pudenda and if so it must be punctu-
 red, and in general there will be a Considerable Quantity
 of Lymphatic Blood Discharged to the quantity of a
 Quart or two,

~~~~~ 8<sup>th</sup> Day ~~~~~

The Vagina is a long or rather flatish Canall which  
 Reaches from the pudenda to the internal mouth of the  
 womb and is Larger in some women than others situated



between the bladder & the Rectum the Internal membranes of some are full of Rugae or plaits and particular in the fore part in some they are fainter and indistinct. (as we see in a great number of preparations of the internal parts of the Vagina) the principal use of these Rugae is to allow the Vagina to expand in time of Delivery, it is to be observed that the Vagina is narrow at each End and wide in the middle, which shows that in introducing a pessary that it should go in tight the Vagina is subject to Disease excoriations or chankers in General Complaints which might not be so Large as a Sixpence but when taken in Labour will be as large as half a crown which shows what might happen if there are other causes the Vagina is subject to inflammation Erysipelas which you may know by the Heat Itching and swelling of the parts, if a full and quick pulse administer proper laxatives and cooling Diaphoreticks Abstersives, if the pulse is low Barks or Tonicals Astringents &c. but if full quick and hard with throbbing and throbbing sensation you may



Expect the women then you must encourage  
 suppuration as when the inflammation is past  
 Resolution, there will be a slothing of the  
 suppurated parts and sometimes a mortification  
 takes place, — but when the parts are Disposed  
 to Heal an Adhesion of the membranes takes place  
 if not timely prevented by introducing some soft-  
 body the figure of the part such as some soft Liniment  
 or Ointment &c. — The Uterus is Situated between the  
 Bladder and the Rectum that is the Bladder in front  
 and the Rectum behind, the Uterus is subject to many  
 Accidents and the worst of all Disorders the Cancer  
 Likewise the prolapsus Uteri is when the fundus  
 Uteri appears below the Os Externum if it protrudes  
 lower it Called procidentia Uteri, the figure of the  
 Uterus by some is Compared to a wine flask flattened  
 before and a little Convex on the Hind part the Bladder  
 pressing it before Causes it to be flat but the pressure  
 of the Rectum Not being so much so that it quits its  
 Convexity on the Hind part the Uterus is Divided  
 into three parts viz the Mouth the Neck & the fundus




or bottom of the womb though this part is uppermost  
 the mouth of the womb is call'd by different Names as  
 Os Sincae Os Uteri Os Internum, Os Externum or the  
 mouth of the Vagina or the Entrance of the Vagina  
 to the Os Uteri, it is to be observed that the Os Uteri  
 has not always the same Characters but the most comm-  
 on appearance is a Tubercula projection like the  
 End of the Glans penis sometimes the mouth is  
 wide or Oblong at other times have two or three lips  
 as we now see in Different preparations which  
 shows a great variety in Nature in forming the Os  
 Uteri. When the Subject is Cancer the woman complains  
 of a burning heavy and forcing pain and no Menstrual  
 Discharge, she has a Discharge she calls the whites  
 which if you examine may be a fetid Scurous or purg  
 you may then suspect a Cancer, If you Examine the  
 Os Uteri you will find it Rough and gaged and the  
 Vagina likewise then the Complaint is in an advanced  
 state, and at this time they Cannot keep their Urine  
 by the parts being Divided and Saturated into one now the  
 most that can be Done is to palliate by injections &c




See Sat. in Barley water & Internally I Papi but  
 this Disorder Baffles all art and nothing Can be done  
 but palliatives to be given as Temporary Relief  
 ~~~~~ 9<sup>th</sup> Day ~~~~~

A polypus ought to be known and Distinguished,
 this Disease Can be better spoken of than a cancer as
 it will admit of cure this is an Excrecence growing
 from the membranes Internal either from the mouth
 Neck or body of the Uterus its origin is small but in
 the Course of time projects through the Os Uteri Like
 a tongue projecting through the mouth and so increases
 to a very large size and has the appearance of a dry
 flour (as we see in many preparations) sometimes
 there arises from the substance of the womb tubercles
 and when they project from the surface of the membrane
 are call'd verrucous tubercles which were in preparations
 the attachment of the polypus or in Different parts of
 the Uterus w^{ch} in the body neck and mouth those that
 are attached to the body you Distinguish w^{ch} to pass
 your finger Round it in the neck of the Os Uteri in general
 it grows gradually and at other times makes its appear

-ance quick that practitioners have taken it for a retention
 of the womb for sometimes they grow to a large size in the
 Uterus that by sudden shocks it has protruded into the
 vagina at once, a polypus has Arteries & veins and they
 being press'd by the Os Uteri becomes carious and bleed
 very much, which forms Coagulum which is painful
 in coming away when the polypus is attached to the mouth
 of the womb you cannot Distinguish the Middle or small
 neck of it from the Neck of the Uteri as by its weight it has
 drawn the Neck of the womb to the External part through the
 Vagina, to distinguish between a procidentia Uteri and
 a polypus, the protruded Uterus is larger at the End &
 a polypus is smaller you must be Certain that it is
 a polypus that you do not take any part of the Uterus up
 in the Ligature Dr Hunter pass'd a Ligature over a polypus
 and Involov'd some part of the Uterus by the weight of this Excre-
 scence Grazing Downe the mouth which gave the woman great
 pain and she Died, which gave Dr Hunter great Concern
 and from that time he advises never to make a Ligature
 without finding the mouth of the Os Uteri the Cure is easy
 when you know the situation of the polypus xxxxxx



in passing a ligature over it and Drawing it tighter every
 Day untill it Drops off, there are Different Instruments for this
 purpose of making the Ligature ones is two pipes made of
 Silver and Joined together (as in the margin) with a silver-
 wire passing through it which must be annealed and so Draw
 the wire tight and twist it Every Day another Instrument
 for this purpose and which Dr Meighan Recommends in
 preference to the tubes (which see in the margin) the
 internal cavity of the Uterus is Triangular and in the
 neck a kind of valve or rugae called arbor Vite some have
 thought this to be the seat of the flower called the internal
 membrane of the womb is smooth and in the Virgin state
 hardly any cavity to be perceived except a small Longitu-
 dinal one that Just admits of a bristle as we see in pre-
 paration Dr Hunter & Lowder both say that they
 could never distinguish a flower alba from a gonorrhea
 only by the woman's moral Character there is a *Discreet*
Sympanectus of the womb which seldom happens it is wind in
 the Uterus



A Reversion of the womb seldom happens but Immediately
 After Delivery, and when it Does Happen it must be returned,

th
 xxxxxxx 10 Day xxxxxxx

The Uterus being the seat of Menstruation has been disputed by some Physiologists as they imagined that the Menstrual Discharge was from the Vagina but - experiments on this Head has confirmed that the Discharge is from the Uterus, there is likewise a great Difference between the Natural blood and menstrual Discharge for the Natural blood when Left to Cool will Congulate but with the menstrual it is visa versa, as it appears to be Nothing but serum with Red particles in it and Coagulum Lympha but in Uterine Hemorrhages it is blood now when the time Accretion Drains to a period & there being more blood in the Vessels then Nature requires the Artries and Vains of the Uteri being Distended, Now where there is a great Deal of blood there is always much action which Cause a pressure on the Vessels and Exhaling Artries and the Effusion takes place but whether it is the Artries or veins is not Determined the Branches Hypogastric Vein which aris from the Internal Illic and spermatic Vessels and when the Ilia Leaves the Abdomen it sends out the Epogastric

which gives vessels to the pudenda then it is called
 Curalis, the appendages to the Uterus are the fallopian
 Tubes Ovaria broad and Round Ligament, The fallopian
 Tubes are situated on each side of the womb and have a
 communication with the womb which will but admit
 a Hog's bristle to pass into it, and they have muscular motion
 to Expell the gellatinous humour, those tubes are subject
 to the Dropsey, the Ovaria have a number of Irregular sur-
 faces in their Body supposing to Remain from Different
 Conceptions but there are the same in Girls they Contain
 a fluid of a gellatinous nature which is accumulated and
 prest from the Ovaria in Continue by a stimulating
 power and leaves a small hole or vacuum after it which
 looks yellow as we see in preparations of all these parts,
 the Ovaria — is subject to ulcers and Dropsey, and in
 some of them there is Hair and in others Teeth and there
 has been found a foetal Jaw bone a Circumstance that has
 happened that the Ovaria has been ossified which has been a
 subject of much speculation, if in the place of these solid
 substances there should be a Dropsey you must attempt a Cure
 by tapping, But you must Remember that the water

Is contained in Cellulars or sacks which have no commun-
 ication with one another (a woman in shore Ditch that Labour'd
 under this Complaint, ^{& ovaryum} which Contained thirty Galls of water,
 Now when the Ovaria is not so much Enlarged it may
 get into the pelvis and be of the utmost consequence in
 Delivery as it may present before the Head of the Child
 and stop up the passage, & the Round Ligaments passes
 through the ring of the groin and is lost in the mem-
 branes of the mons Veneris &c.

&c. 11 Day &c.

It is to be observed that the Ligaments of the Uterus
 is a continuation and Duplication of the Peritoneum
 which Extends and Reflects a covering in part to the Uterus
 Bladder and Rectum. The broad Ligaments form as it were
 two Chambers Call'd the posterior & the anterior, ^{or back Chamber} the pos-
 terior Chamber Desends so low that the peritoneum covers
 the Uterus to the joining of the Vagina to the Uterus and
 in an acute angle Reflects & Runs up covering the Rectum
 and anterior cavity of the pelvis sometimes the small intestines
 will Lodge in this Cavity, which Cause great pain & Unagreeable
 sensation, the posterior chamber Desends not so low as the

the neck of the bladder, part of the Uterus and Rectum are not covered with the peritoneum, but it reflects back again and lines the anterior cavity of the abdominal vessels opposite the pelvis now the peritoneum not covering the Neck of the bladder in great suppression of urine a trocar may with safety be introduced over the Os pubis without any Danger of wounding the peritoneum or filling the Chamber with Urine, by leaving the Canula for some time, and the parts will closely adhere to one another without Danger and then the canula might be with drawn

~~~~~ we next proceed to Impregnation ~~~~~  
 sexual intercourse or Coitu, the minutes of which being without the sphere of human Comprehension all that we know is by Observation of the Effect in consequence of which a great Number theories have been Erected by different Authors particularly De Graff but it is Certain that an Ovarium in Ovaria must be impregnated when it forms a Turbide projecting like a nipple but smaller and then this turns and enters the fallopian tube† in its passage to the Uterus, and the cavity that is left is call'd Corpus luteum it is thought by some that the fallopian tubes could not  
 † By the compression of the Fimbria



act on contrary principles such as to admit and Remit  
 But it is well known that it has a pro: peristaltic motion  
 to admit and Remit as may be seen by Experimental  
 Observations, when this something Escapes the Ovarium  
 and the fimbria Neglects its office in Compressing the  
 Ovarium this something fall from the outer Orifice of the  
 tube into the abdomen and produces what is Call'd a Ventride  
 Cuse and the foetus has Remained in the Abdomen a Consid-  
 erable time, at other times being Detained in the fall-  
 opian tubes for want of motion or By accident it there  
 forms a foetus { as we see in preparations } so that it is  
 Clear that this something is impregnated. the minutiae of  
 of the principles of the first formation, being beyond  
 the sphere of Human Comprehension we Can only look  
 and wonder at Divine Wisdom and with the Psalmist say  
 How wonderfull are thy works O God of host and in wisdom  
 hast thou made them all { this something collects in the  
 tubes and bursts then Escapes through the fallopiian  
 tubes into the Uterus where it attaches and goes through  
 Different Revolutions in the formation of a foetus as we  
 see from a speck to the full size, this is Natures general plan

we see  
 in prepara-  
 tions.



The Navel string is next to be considered as to its length its Common Length is 2 feet if longer you will frequently find a turn or two or more Round the Childs Neck and if the Navel string should be too short as there have been some not above six inches, there is Danger of a premature separation of the placenta or a Rerersed Uterus by being so suddenly drawn away, or perhaps flooding, the Cord in general is composed of three Blood Vessels a Vein and two Arteries which pass in spiral lines and sometimes in half spiral lines from the fetus to the placenta sometimes you will find a knot in the Cord, from Different Evolutions, which is kept from being tight by air in the Cellular membrane, the Cord is Covered by the two membranes the Chorion and Amnion but they adhere so Close together that they cannot be separated from the Cellular membrane composing the Cord. It is to be observed that there are no nerves Entering the Composition of the Cord, the Imagination and Longing of women as it is Called it not to be true for none as it is beyond all human Conception.



<sup>#</sup>  
12 Day

34

The placenta Comes next to be Considered by some Authors it is called the womb Cake the secundine the after burden, but in our present practice we shall Confine ourselves throughout the whole Course of Lectures to the term placenta and is that part or substance which forms Communication between the mother and the Child, and is found in most animals but not in the Oviparous kind such as birds &c, as their nutriment is absorbed from the yolk by a cell from the absorption of the Chick, but what is remarkable the Bat being viviparous has a placenta &c  
Now in twins or triplets &c four they have each a placenta distinct in general, but it sometimes happens that there is but one general placenta with two sets of vessels which communicates from fetus to fetus which shows the necessity of two ligatures not in fear of Urine Hemorages but of the other child's bleeding to Death (the placenta is subject to Different shape as well as figure) The placenta of a Rabbit is all round the Chorion, and that of a



Guinea pig is in form of a button and that in a mare is like a number of vessels and Ramifications and is a thin membrane which nature has so ordered that it might not be easy torn away by violent motion this Animal undergoes when it trots or gallops, The human placenta has two surfaces The external which is attached to the Uterus and the fetal surface where the Cord is inserted the internal surface that is the parts that are attached to the Uterus have Concave surface and fissures in many parts that it may adhere close to the uterus the external is convex and rather globular, and branches of the umbilical vessels are spread through all its substance, the placenta is attached to different parts of the uterus but most commonly to the fundus uteri, the Ovary being received in this part, the placenta is about six inches Diameter and one Inch or Inch and half thick and is a little thinner towards the circumference, the final cause of the placenta being attached to the fundus uteri is because the Uterus is continually increasing in size and expansion



in its body so that it does not affect the fundus, but when attached to the side of the Uterus and the extension is great & consequently it must rend the placenta and open the mouths of the vessels and a violent and dangerous Hemorrhage issue. This is about the third or fifth month the veins are situated internally and the arteries externally in the placenta, the structure of the placenta has been but lately understood, for Baren Haller knew not its structure, there appear a number of small fibres or a mass of fibres which are a number of Cellular processes with Ramifications of Arteries & veins which will show by Injection it has been thought by some that the placenta is glandular, the placenta consists of two parts one belonging to the mother and the other to the foetus. The foetus's part is vascular processes shooting into the maternal part which is Cellular, (as we see in a great number of preparations) and are distinct belonging to each other and their veins and Arteries have no communication to each other for if you inject the maternal part it will not



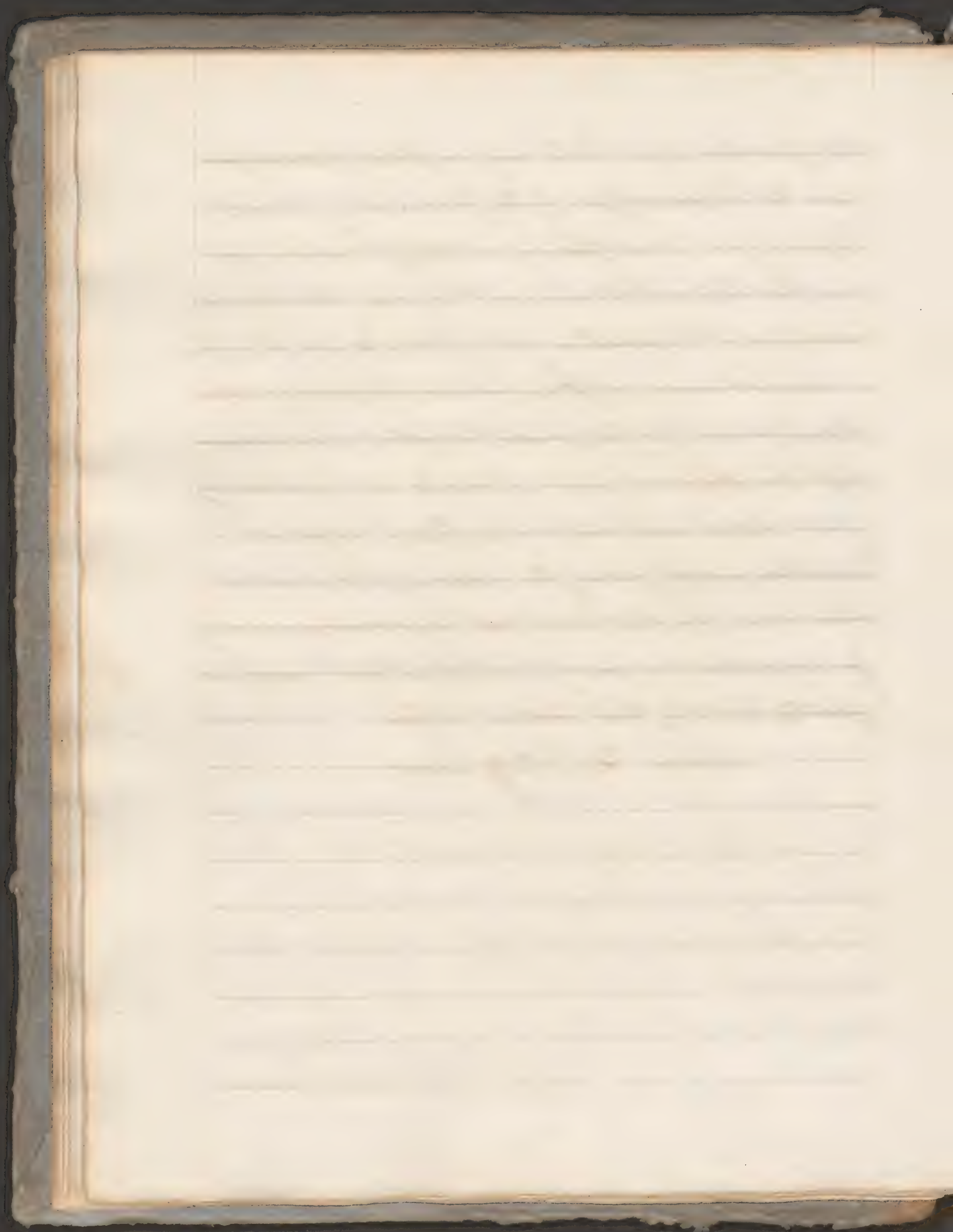
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communicate with the foetal part, & so vice-versa  
it appears that there must be a double circulation  
between the mother & the maternal parts & the foetus's  
parts. The veins and arteries are divided into a number  
of small Branches the Venous part which unite in one  
large tube called the Umbilical Vein which brings  
Back the blood to the Child & perforates the Child at  
the Navel and from thence passes into the Liver where  
it communicates with the vena cava & portarum the  
two arteries arises from the internal Os of the Child  
and upon each side of the bladder and perforates the  
belly where the Umbilical vein enters then proceed  
to the placenta in a spiral line round the vein  
in conjunction with them and the Cellular membrane  
which form the funis Umbilicus these arteries  
together with the umbilical vein do the same office  
in the placenta which is afterwards performed  
in the lungs by the pulmonary artery & vein  
untill the Child is delivered and begins to breathe  
for if you bring away the placenta with the Child  
you will find the Circulation going on between



The Placenta & the Child and no blood will escape from the Exterior part of the Placenta, if the mother Expires from violent flooding, and the Placenta is not tore the Child will be alive and Vigorous. The Internal membrane of the womb is full of Cellulae which contain a mucus & when press'd lubricates the passage of the Menus or Cavity of the womb - the foetal part mixes with the Maternal part and absorbs what is necessary for its Nurishment and to make blood - the foetus - vascular process joining the maternal Cellular part from whence the absorbent vessels Draw what is necessary for nurishment as young trees Draw their nurishment from the Earth by their absorbent Vessels.

xxxx 13 Day xxx

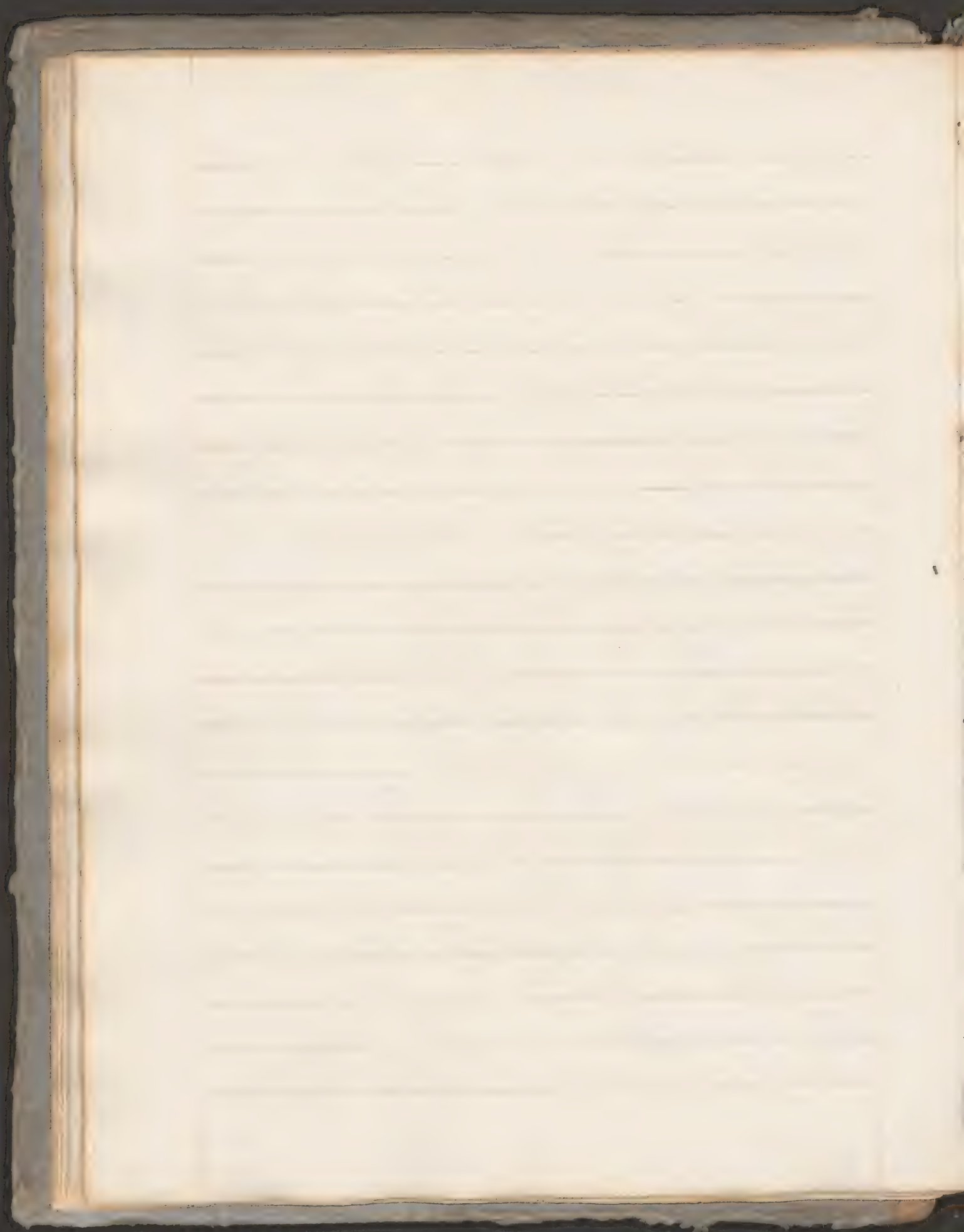














50 Blank Leaves Not Scanned



Andrew Douglas M.D. his Observation  
on that species of hemorrhage which is occasioned by an  
Attachment of the Placenta to the Cervix Uteri. ~~~~~

~~~~~  
A Discharge of blood from the Uterus during pregnancy
which is always an alarming Complaint becomes Dangerous
as when it occurs in the latter months; and is particularly
so when Occasioned by an attachment of the placenta
over the Cervix Uteri, this attachment which has been
Over-looked by the Earlier writers in midwifery as a cause
of hemorrhage seems to be first taken Notice of Levret,
I shall Confine the few Observations I have to offer
to the Case already specified: Vix, the placenta attached
over the Cervix Uteri, till of late it was the received
Opinion that the Cervix Uteri began to dilate about
the third month and Continued gradually to stretch
and becomes shorter till the Term of gestation was
completed. The Late Dr Hunter has Enabled us
to form more Clear & Correct Ideas on this subject
His Dissections and accurate Observations Establish
as a fact that the Cervix Uteri Remains Contra-

Q. taken from the Medical communications volume the first published
in 1784 Communications may be addressed to Dr Gray Brit. Museum

ext^d through its whole length to the seventh eighth or
even Ninth Month in none of these Cases where I have
found the placenta presenting Could the appearance
of flooding be Dated earlier than the seventh month
in some it did not commence till near the full term
at whatever period the dilatation begins, it will destroy
the perfect union between the uterus & placenta & blood
will necessarily flow from the Vessels where Communications
are Broken. This, accumulating within the Uterus and
separating more & more of the placenta will at Last
be sufficient to overcome the resistance of the Os Uteri &
A great Discharge of blood will Declare the dangerous
Situation of the patient Not that the Danger is always
Immediate for the Hemorrhage seldom kills by a single
attack, but it abates & Returns and every return brings
Increase of Danger there is no case in which it is of so
much consequence that the practitioner should take his
Measures speedily or in which he is left at liberty to trust
to doubtful remedies when ever we are satisfied that
the flooding is in consequence of an attachment of the
placenta over the Cervix Uteri Delivery should be

Attempted immediately, for Could we suppose a case in which notwithstanding the Loss of blood the powers of the Uterus were undiminished these powers could not be directed to any good purpose, the placenta adhering by its whole circumference becomes a band which strongly resists the Dilatation of the Cervix and at the same time acting as a Cushion Interposed between the Child and the os Uteri prevents their ever coming into immediate contact. Hence the woman is deprived of that Stimulus which in other Cases is excited by the pressure of the membranes and Child at the os Uteri, and were the labour pains sufficiently strong to overcome such an Obstacle the Danger to the patient would not be Diminished by the placenta being first Expelled, the principal objections to delivering early in utero. Hemorrhages are founded on the Rigid and Contracted state of the os Uteri and the Danger of Injuring by efforts to Dilate it. I should wish this year to operate as far as to prevent the rash application of Great force but not to Delay or Check the Intention to Deliver when Regulated by gentleness and prudence,

the freedom near the full term rigidity of the Os Meri
may not, even at the commencement of the attack, prove
any Obstacle to the introduction of the Hand but
have not even one instance of recovery where in the
seventh or Eight month there was no Resistance to my
first Endeavour to Dilate this very yielding state of
the Os Meri is to me always an Alarming symptom, it
cannot be considered as the Effect of Uterine action which
in this case if it takes place at all is feeble an Unavail-
ing we have every Reason to fear that it is in consequence
of a diminution of vital power from blood all Ready lost
it therefore becomes of infinite moment to Discourage
every Idea of waiting till the Os Meri is soft and easy
Dilatable, since it is an event that very seldom occurs
all our endeavours can be of no use if Delivery is long
delayed the womb deprived of its energy by the greatness
and continuance of the Haemorrhage, will not have power
to Contract itself when Empty and the vessels opening
on the internal surface having their Diameters undi-
minished will continue to pour out blood till the woman
is quite exhausted, another Argument in favour of speedy

Delivery is the uncertainty of the manner in which
different constitutions may be affected by loss of blood -
while one survives the effusion of a quantity almost in-
credible another sinks under a discharge by which we
are scarcely alarmed - from the wisdom with which
our organs are adapted to perform their various func-
tions; from my own experience and the Experience of
others and minute observations I am Inclined to think
that the Os Uteri cannot be so susceptible of Injury as has
been supposed in many cases of abortion and premature
Labour. when thick Rigid and Contracted it sustains
for many Hours, without any bad Consequences the action
of the most forcible pain, this Species of action must
be as great a violence to nature, as Dilatation slowly
and gently performed by a prudent and cautious
operator, and the Circumstance of its being about
in the one Case by the hard Bones of a Childs Head
Acting on the Os Uteri from within or in the
other by the Hand acting without cannot make any
Essential Difference in its effect upon the parts
the Cases which I have seen Justify me in thinking

that we ought, on no account, to be Deterred from attempt-
ing to Deliver where the Danger is so imminent and
certain and the ~~All~~ consequences apprehended so rem-
ote and Doubtfull. Nauricau La Motte Deventer
and others have not expressed much fear of injuring the
Os Uteri even by Introducing the Hand in the more
Early months of pregnancy. Le Roux a Respectable
modern Author says The Os Uteri is sometimes torn
with little inconvenience I was myself Called On
After Delivery to a poor woman who had Evidently
suffered this Accident yet she Recovered without Ham-
~~morrhage~~ morrhage fever or Inflammation and afterwards
bore several Children. In short I have seen enough
to convince me of that. But, Predictions of certain
Death, the patient from using force to Dilate
the Os Uteri is ill founded: that rupturing the mem-
branes stimulating the os uteri & trusting to the
labour pains to Deliver as recommended by Levert
& Puzos, cannot be Depended on, in cases where
the placenta is attached over the Cervix but that
where species of attachment is certain speedy Delivery

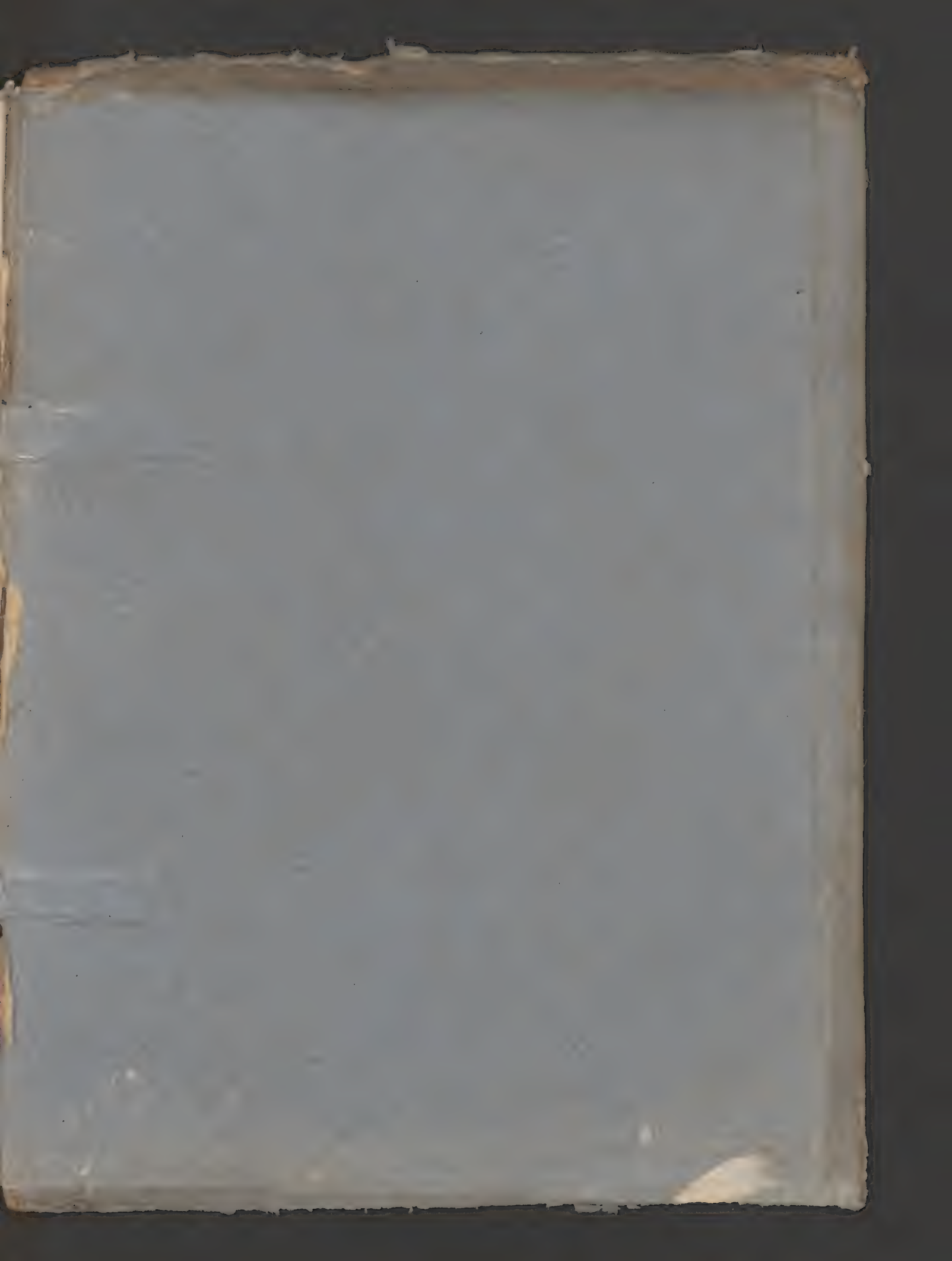
Assures Almost the only Chance of Life to the patient
to effect this our efforts to Dilate the Os Uteri should be
pursued with gentleness and perseverance and the Deliv-
ery finished by extracting the Child footling as soon as the
Hand of the operator can grasp this will happen sooner or
Later in Different Cases even when the Circumstances
appear in all respects similar for although the continual
Application of some dilating powers may greatly dispose
the Os Uteri to relax yet that relaxation does not seem alto-
gether to depend on a mere Mechanical cause however
Applied, on the contrary even at the full term when the
Natural process has not been precipitated the Os Uteri
will often for a Long time resist the strongest action of the
Labour pains and at last yield almost instantaneously,
In Abortion and premature Labour the same is to be
perceived in a still greater Degree and in cases of flooding
or convulsions when the Practitioner have persevered even
for hours in his endeavours to dilate with little sensible
Effects it frequently happens that the Os Uteri suddenly
Looses its Rigidity becomes soft & Readily admits of the ne-
cessary Dilatation this is perhaps to be accounted for

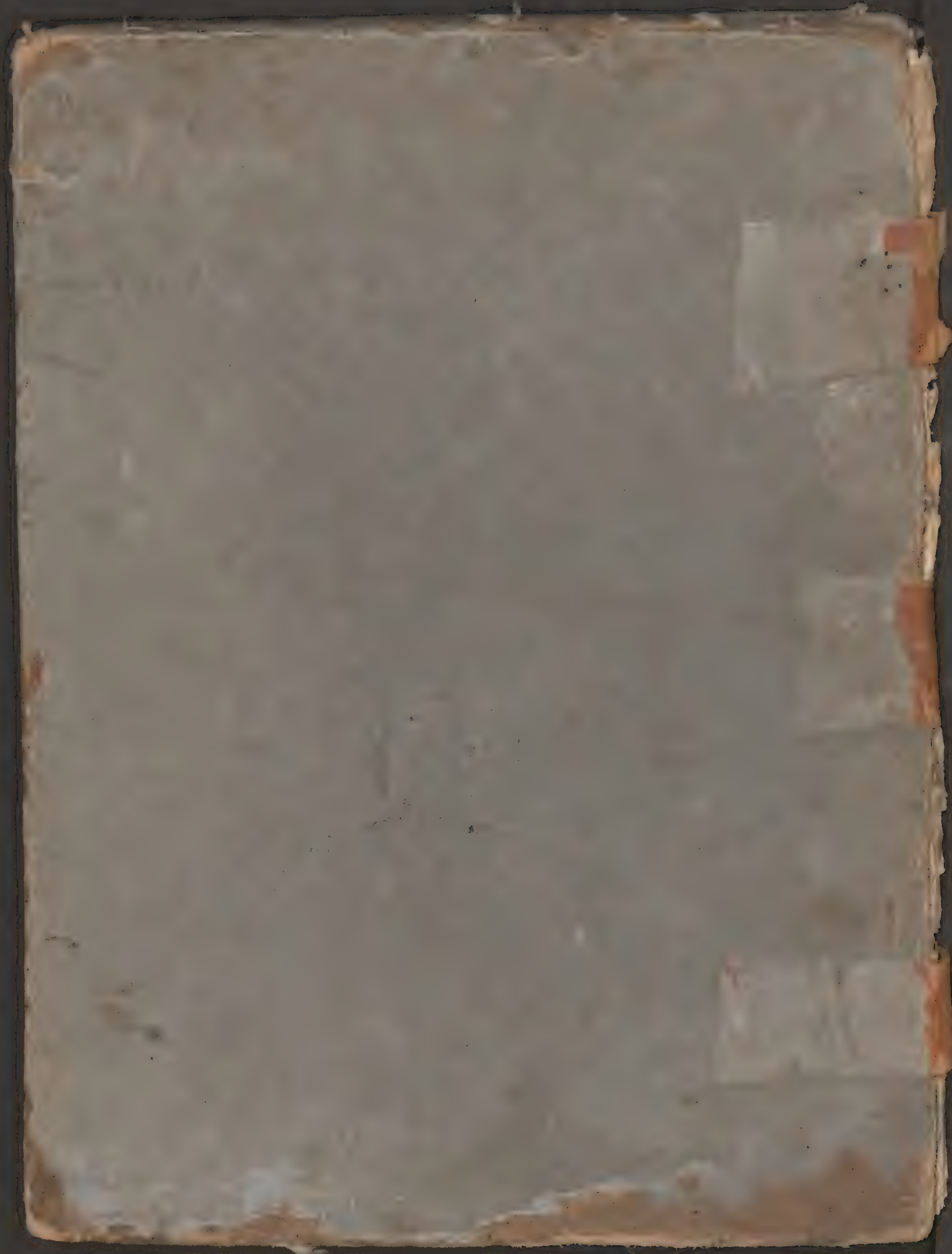
from the stimulus of the labour pains or the operators
efforts when Urged to a Certain Degree, exciting some
action of the Uterus of which this Relaxation is an Effect
and whether this is by consequence of mechanical or sym-
pathical stimulus it is sufficient to Encourage us to
continue our attention that we may be ready to avail our
selves of the first favourable moment. ~~~~~
When the Uteri will admit the hand Delivery being
then in our power it may be finished Directly or in
a gradual way a wish to save the Childs life is the
only inducement to follow the method but the safety of the
mother is more certainly promoted by slowly extracting the
fetus, & generally endeavour to bring away the placenta
as soon as possible that I may with more Effect introduce
some Tent or Rag moistned with vinegar so as to fill the
vagina this is what Le Boax calls tampon and has
hitherto Answered my expectations in every case in
which I have used it after Delivery. ~~~~~
Thus have I ventured to give my Opinion in favour
of an Old practice if it has often failed to answer the
purpose for which it hath been Recommended many of the

Failures may justly be ascribed to the means have-
-ing been too long Delayed no one can be more
averse to Interfere in nature's operations. - to sub-
stitute my own Efforts for those of the Constitution
But that species of hæmorrhage which arises from
this Unfavourable Attachment of the placenta does
not encourage the smallest hope that the constitutive
powers will ever be able to act with any good Effect that so
Hazardous an operation as forcible Delivery should be
Undertaken with Reluctance is not surprising the
Pain will convey the most alarming sensation to the
Patient, & her friends and the success must ever be doubt-
-ful, yet the Operator will always be considered particu-
-larly answerable for the Consequences, but when the
Life of a fellow Creature is at stake when little hopes
is from Nature when the powers of medicine would
Dissappoint us and Endanger our patient by Delay

No fear of Censure nor any consideration excu-
-pting that of her safety ought to
engage our attention for a

xxxv Moment xxxv





The Cause of ~~the~~ scrophulous Tumors is from a peculiar
Acidity of the serum ⁱⁿ the Blood. ~~however~~ it fixes
upon the Glands muscles or mem^{branes} ~~and~~ coagulates and
hardens ^{these} ~~when~~ ^{and} ~~mixed~~ ^{with} ~~man~~ ^{the} always softens
it, & Consumes the Bone

If this acid humor be simple, the Disease is a simple
Struma; ^{but} If ~~joined~~ ^{joined} with a malignity it makes a mixt
humor of the Oedematous ~~kind~~ ^{kind} &c - -

Now by Coagulation ~~is~~ ^{is meant} something distinct from
concretion, which is incident to all other tumors and to
the Serum itself ~~from~~ ^{from} ~~many~~ ^{abundance} of Causes.

The whole blood being fibrous may admit of many
concretions and thickenings; but they differ from
this Coagulation. ^{in just as large the same way as} ~~as much as~~ the boiling of
milk ~~up~~ to a thickness or thickening of ^{it} milk with
flour &c differs from making a Curd with Rennet.
I shall rather ~~assume~~ ⁱⁿ this instance of milk because
of the near kindred between it and blood and also for
the near resemblance that many scrophulous tumors
have to ~~the~~ ^{its} Curd of that article. It is very common
to see the Conglobate Glands ~~to~~ ^{grow} Large and full ^{of}
a white Curd so exactly like that of milk that it is
Hard to Distinguish them; when they differ from this,
it is from some other mixture in the blood which ~~may~~ ^{is}
~~some other~~ ^{another} alteration; ~~which~~ ^{which} may ~~be~~ ^{be} ~~various~~ ^{various},

* The small Run of the Neck -

whether it arises from the impregnation of the Coagulating ferment
or of the matter Coagulated; The former may bear a great deal
of Acidity of Matter that act and sometimes so sharp
as to approach near to the acrimony of Aqua Fortis;
in which cases the Patient feels violent Corrosions and
Excruciating pains, & the tumor itself being apt to degenerate
into a Cancer - or it may have ^a mixture with it, so as
make it of a Vitrolique or Aluminous Nature; -
all which acidities though they agree in producing
of Coagulation, yet they make coagulations very-
unlike each other; The Difference also may be in the
matter Coagulated - the varieties of which being infinite
are hard to be recited only I must take notice that
from this latter cause it is that I was forced to put as well
the property of Dissolution as of Coagulation into the
Description of this Disease for though the Acidity be
the same which cometh into a bone with that which
goeth into the flesh & Glands &c - yet the Matter it works
Upon being Different that is Marrow (which differs
from all other Juices of the Body) it both Dissolve & Rot it
and also the fibres of the bone it self. Let no man
Wonder at the Contrary effects of the same Cause
who observeth the different operations of fire upon Wax
and Clay where it is visible that the Contrariety
of Accidents happens from the Matter & not the Efficient.

The like Instance may be made in Vinegar which
when it is mixed with milk. it ~~coagulates~~ ^{coagulates} it into
a Curd; if put upon an egg, it ~~coagulates~~ ^{coagulates} Disolves
The ~~white~~ Shell but also attenuates the white Contain-
ed in it into a Limpid water; which ~~(which)~~ ^(which) ~~is~~ ^{is}
notwithstanding ^{also} observe to be a body much ^{more} apt to
concrete and Grow thick than milk itself.

This similitude will hold good of ^{4^e} four strumous
Acidity, which when it mixed with the serum
of the blood it Coagulates it, and when it enters
into the marrow, though that be of a more compact
Texture than the serum yet the mixture of this
acidity is so far from promoting that Hardness
that it dissolves the Consistency it already ^{perhaps} ~~has~~

The immediate cause of the Kings Evil. I have obser-
ved already ^{to be} Viz. the acidity of the serum

but the Remote Causes ~~that is the Cause~~ of this
Acidity (to which the strumae owe their origin)
are somewhat ^{difficult} ~~hard~~ to be enumerated; the Heads

to which I shall Refer them. are these, Air, Diet,

Exercise, Natural Complexion, Hereditary
Affections, Venereal Disease ^{improperly} ~~improperly~~ ^{ment} ~~Treated~~

and the Itch not perfectly cured, ~~which~~ ^{may} ~~as it may~~
^{those Persons} ~~may~~ beget a scrophulous offspring, ~~see the~~

~~of the solid &c &c~~

^{Children}
Those who are born of strumous parents are usually
subject to this Disease. ^{also acquire it from} ~~so they will~~ ^{from a Nurse}
~~afflicted with it~~ ^{from whose Breast they receive their Nourishment}
~~is diseased; when milk is~~ 3

Those who Live in an air Excessively thin & sharp
or very thick and foggy, are ~~be~~ Liable to this
Disease, Diet of salt ~~so~~ ^{so} and slimy meats
~~are likewise causes of this disease~~
and want of Exercise is a great Cause of the
bloods growing acid and slimy

External accidents are often the Occasional Cause
of the Kings Evil, but they always suppose
a predisposition of the body to it in which Case
we often see a blow Compression bruise wrench of the
Hip Knee ankle or other Joint ^{an Anchylosis or} Produce what is vulgar-
ly called ^a White swelling which ~~are soon followed~~
~~by suppuration & some of the things I have seen~~

~~In some of the Bones themselves which arising in~~
~~the Body of the patient the spine & vertebrae~~

If not properly Treated will soon produce
a Spina Ventosa * I cannot help observing

that the application of Blisters or any other stimulant
to those kind of Tumors is Like Pouring Oil in the fire
To ~~not~~ Extinguish it. I should not have made this

Remark were it not that ^{see many} ^{often who} ~~a great number~~ ^{deluded} ^{incurably} ^{from}
have applied to my ~~for~~ Different ~~Physicians~~ &

Practitioners; have been Treated as above, that is, the knee
the Elbow ankle or whatever Joint ~~that~~ is affected with the
White swelling the first application is a Blister

* A Caries or Rottenness of the Bone from sharp humors

or some other Stimulant was ~~not~~ ^{me} that ~~have~~ have
informed that they have gone so far as to have
fourteen of those Plasters applied as fast as it
was possible; as soon as one was healed another
was applied immediately. ~~and will be a very~~
~~Provisional To Judge for the above case~~ which was

the case with one now under my care and
after all was turned out of ~~the~~ Hospital
incurable; and I will venture to affirm that all
those stimulat^{ing} applications whether Plasters ointments
Oils or what not of this Class, are administered with as little
propriety as success; many having been ruined by it
and as many sent to the Grave. § 5

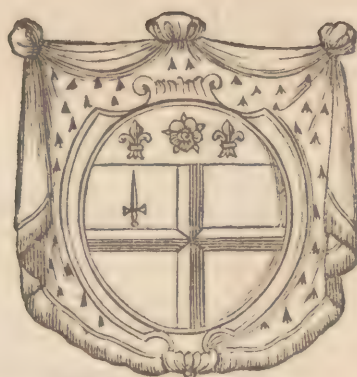
^{the} ~~low~~ ^{high} ^{is} soon followed by ^{which are the most} ~~various~~ symptoms of the Evil
^{that is} ~~is~~ glandular humors of the Neck &c. in common that
and most generally have confined it to the ^{neck alone} ~~neck~~ ~~as a subject~~
for ~~in general~~ this part is the most commonly affected
When Ever the Patient is strumous, and if the outward
and more visible glands remain whole yet generally speaking
the inward ones, those especially of the Mesentery, are
obstructed and swelled. Of this I have seen Divers Examples
Especially in Children. Dr. Sydenham in my opinion seems
not to have had a clear notion of this when he asserts that
these swellings in Pickety Children ^{are} occasioned by
Repeated Cathartics, for make no doubt if he had Examined
accurately the concatenated Glands in the neck ~~but~~ he would
have found those tumors ^{arise from the same cause with the rest of the disease} before any Cathartic had been
Given; but ~~the~~ ^{fact} ~~and not theories~~ ^{must determine}
the ~~matter~~ ^{and} ~~any other medicinal Effect~~ ^{will make out the fact} ~~it must~~
~~be in the blood~~

Conditions for curing
all kinds of scrotholous tumors on the joints
commonly called white swellings —

by G Roberts Apothecary & Man-midwife
Bristol —

Although it cannot be denied that this class of tumors have
baffled the skill of the most learned Physicians ever since
the days of Galen, Mr Roberts is happy to say that he is able
to cure this dreadful disease in all its stages and
as a proof the following cures are inserted —

It has been remarked by most medicinal
writers, that this class of Tumors, have
baffled the Skill of the most renowned
Physicians ~~from Galen to the present time~~
Mr Roberts has the satisfaction to say that
(after an intense Application of the Study of
Physic, he has at last found a ~~Method~~ ^{out} how
to cure this dreadful disorder in all
its stages & ~~the description of Tumors~~ ^{mis guidance}
that the ignorant may not ~~be~~ ^{vill gards}
~~called~~ these Tumors are generally
called by the white swellings



The TERMS of attending St. THOMAS's-HOSPITAL.

		l.	s.
D	RESSER for a Year - - - - -	50	0
Ditto	- - - - for Half a Year - - - -	31	10
Pupil	- - - - for a Year - - - - -	25	4
Ditto	- - - - for Half a Year - - - -	18	18
Fees	- - - - - - - - - - -	1	2

THE Physicians of St. Thomas's-Hospital have taken into Consideration the Necessity of the Surgeons Pupils being instructed in Medicine, as well as in Surgery, the Practice of most of them when they come into Business being principally in Medicine, they have therefore been induced to come to a Resolution of admitting them into the Prescribing Rooms, so they may be able to see and understand the Physicians Practice.

The Terms are Five Guineas, ^{1/2} during their Attendance as Surgeons Pupils to St. Thomas's-Hospital.

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Feb 1864

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The TERMS of attending the ANATOMICAL LECTURES.

F OR the First Course - - - - -	4	Guineas
- - - the Second - - - - -	3	Guineas
- - - the Third - - - - -	3	Guineas
- - - the Fourth - - - - -	2	Guineas

Each Gentleman who has attended four Courses becomes a perpetual Pupil, without any additional Expence: Or, for seven Guineas paid at once the Subscriber becomes a perpetual Pupil, having the Right of attending the Lectures as long as he pleases.

The TERMS of learning the Art of DISSECTING, INJECTING,
and making ANATOMICAL PREPARATIONS.

F OR a single Course - - - - -	3	Guineas
For two Courses - - - - -	5	Guineas
Perpetual Pupil - - - - -	13	Guineas

For 12 Guineas paid at once the Subscriber becomes a perpetual Pupil to the Lectures, and a dissecting Pupil for four Courses.

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1
the Use of the Lever by Rob^t Bland M.D. Taken from the
Medicinal Communications Vol second published 1790

as it must necessarily happen that cases, out of the Reach of
the forceps must occur where it would be Dangerous to Delay
the Delivery and where it would be barbarous to have Recourse to
the Crotchet to assist in these Cases it is that an Instrument was
wanted Easy in its application and powerfull in its Effect, ~~xxxx~~
such a one is the Lever which may be used with Equal safety
and advantage when ever the Head is within its sphere of
action; because the Lever pressing upon the head of the Child in
one point only on or near the Basis of the Occipitis allows it to
Extend itself in every other Direction so as to fill Equally and
Entirely the cavity of the pelvis which when embraced by the two
blades of the Forceps it is prohibited from Doing ~~xxx~~.

The cases in which the Lever may be advantageously employed
have so near an affinity with those in which we are under the
Necessity of using the perforator and Crotchet being often only
shades or Degrees of the same Obstacle that it is frequently impossible
to Determine with Certainty in the commencement of Labour which
Instrument it may be necessary to make use of it therefore seems
proper to consider the general progress of a Labour in that Class
which is usually denominated tuberculous that is where the Child
presenting with its head is protracted so slowly and with so much
Difficulty that its own life as well as that of the Mother are in

imminent Danger and to prescribe a general method of conducting women through such Difficult Labours

A woman in labour is to be treated as if suffering spurious pains so long as the Os Uteri either Remains thick rigid & close or after being a little open Does not go on to Dilating, if she is hot and the vessels are full she must be bled the bowels must be emptied & glysters small Doses of salt, Castor Oil or some other fit aperient and at night a sufficient Dose of Opium should be given to procure sleep - and Rest, the Diet in the mean time must be regulated and the air of the Room kept Cool and the woman must be admonished not to strain During the pains but Leave them to Exert their natural force and this process must be continued untill the Os Uteri and os externum are so relaxed as to admit Easily the passing of two or three fingers or the Hand if Necessary into the Vagina to Examine the situation of the Head of the Child and to explore the Capacity of ~~the Head of the Child~~ the pelvis if the Head of the Child is found still Resting above the brim of the pelvis a portion of the scalp - only - or a very small part of the bony casque, being Thrust Downe through that straight which is found to be preternaturally narrow the Os sacrum projecting and approaching to Near the pubis there can be little hopes of a Child passing through - Alive under such Circumstances and through such a pelvis The soft parts of the woman are now prepared and the sooner we begin to Deliver by - opening the Head of the Child and Extracting it with the Crochet with the greater success and advantage to the woman (whose safety is now alone to be Consulted) will the Operation be terminated

But if half or the major ³ part of the skull has been forced through the
brim of the pelvis and notwithstanding the continuance of the
labor pains Remains firmly wedged there making no progress,
or only an almost insensible one for the space of four or five hours,
in whatever position it may offer we must proceed to deliver with the
Lever lest by longer waiting the pains should flag or cease, the strength
of the woman be exhausted the Discharges from the Vagina should
become putrid and acrid, and infine Inflammation or fever takes place
which afterwards it will be out of our power to remove or prevent the
Effects of - But if we should begin to operate before the periods have
expired, there would be danger of lacerating the perineum and of
bruising, or injuring the Vagina or the Uterus itself particularly
if it be the first Child and this danger will be greater when using the
Forceps than the ~~Lever~~ Lever

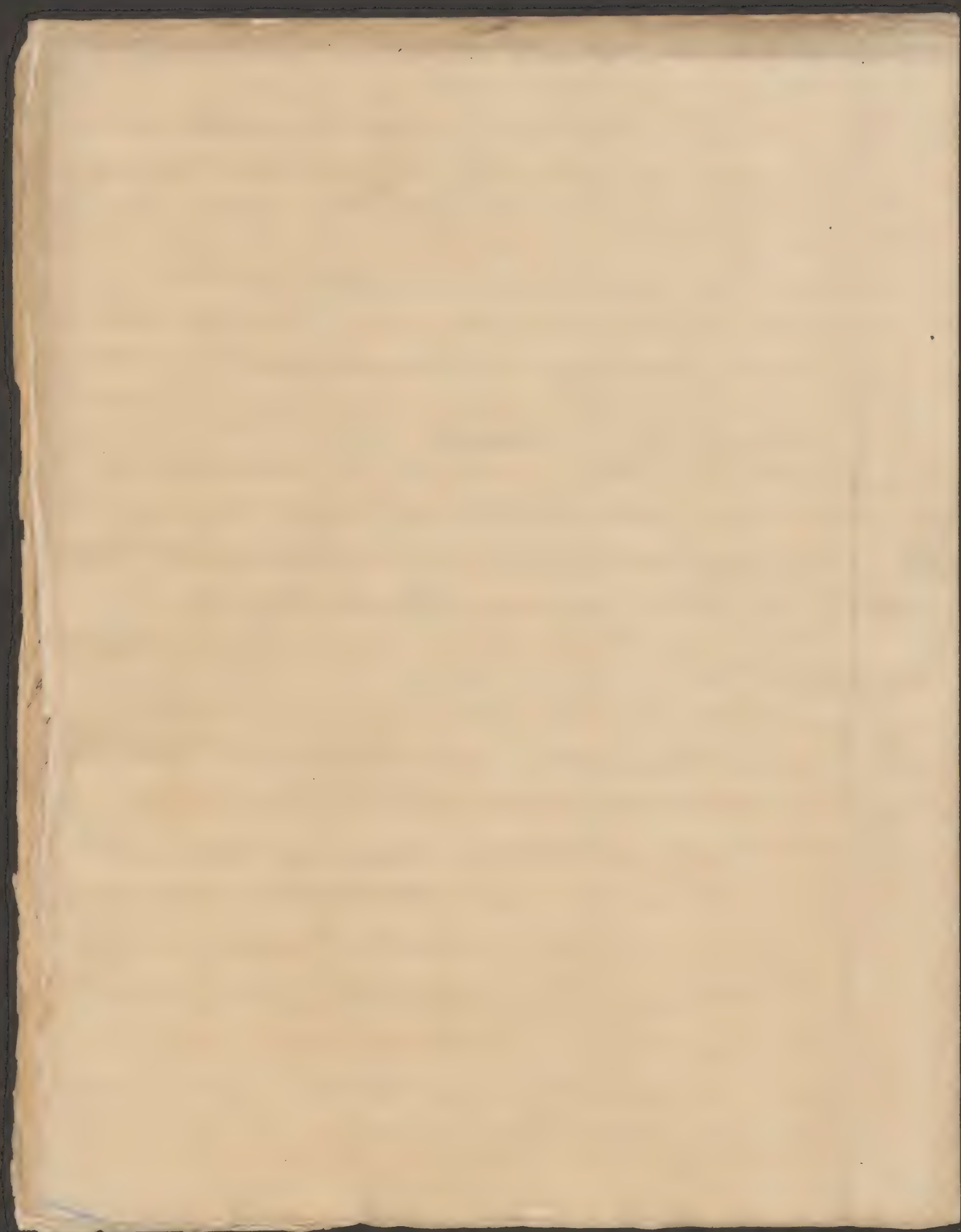
but it may be asked are we in all Cases to proceed to Deliver with Instru-
ments as soon as the parts of the woman are so far relaxed as to afford a-
passage to the Head of the Child? how Long we may wait after this period,
before there is Danger of Inflammation or some Dreadful mischief, it
is impossible by any fixed Rule to Determine as that will be very different
in Different Constitutions some women will bear the continuance of violent
pain several Days without material mischief whilst others will be hur-
ried into fevers, or convulsions at the end of a few hours only, in general
with the first Children are soonest injured and when the Head of the
Child is pressed into the pelvis as to deny access to the Uterine the Danger
is imminent, but will be sufficient to have pointed out when the
Lever may be used or at what period it may be used with safety

4

The practitioner will Determine in Each particular Case from his Knowledge of the Constitution of the patient & from the Circumstances before him, the Head of the Child being sufficiently to afford a reasonable hope of success with the Lever the woman is to be placed on her left side as in a natural Labour when one or two fingers of the Right Hand must be Introduced between the pubis and the Head of the Child where ever there is most Room (which will be generally on one side of the symphysis of the pubis) with the Back of the fingers to the pubis when the End of the Lever anointed with Lard must be gradually insinuated between the Head of the Child and the ~~pubis~~ fingers with which also the Instrument must be guided untill it has passed the Os internum, then the fingers must be withdrawn and the Instrument will readily pass along untill it finds a point to rest upon which will generally be near or upon the mastoid process of the Temporal Bone or on the basis of the Occipitis, and according as the Head of the Child is more or less Obliquely situated in the pelvis or in other words, as the Occipitis of the Child is nearer to, or farther from the pubis the stem of the Lever will rest either against the pubis or the Ischium taking now the Handle of the Lever in his Right hand the Accoucheur must During a pain raise it gradually over the pubis and abdomen of the woman his left hand at the same time pressing Down the middle of the Lever which it affords a fulcrum thus preserving the parts immediately under the pubis from Injury on the pains ceasing he must Rest and renew his efforts ~~very~~ ~~slowly~~ with each returning pain (which if tardy he may Excite by a slight motion of the Instrument untill he finds

the head of the Child pushing⁵ out the perinaeum which must be guarded and supported with the left hand, now no longer wanted to press down the Center of the Lever continuing to rise the handle of the Lever with his right hand until the Head has so far - Centred the ~~pelvis~~ the external passage that he is sure every obstacle to the Birth is removed when the Lever may be slowly withdrawn these Directions must however be varied to suit the different positions in which the Head of the Child might offer for when the Head of the Child presents Transversely one ear being to the pubes and the other to the sacrum the Lever must be introduced obliquely across the pubes passing it from that side of the pelvis to which the face is Directed to the opposite side, so that the point of the Lever may be made to rest behind the ear or upon the Occiput of the Child when the face of the Child presents, if the Chin points to the sacrum the Lever must be introduced in the manner already Directed either Immediately under the symphysis of the pubes or a little to the Right or Left of it according as the face inclines either way if the chin is turned to the pubes which is I believe most usual position in face presentations or if the face is turned to the pubes the lever must be introduced along the sacrum in this position I should prefer the Lever with a large Curve, although in this case also I have succeeded with my common ~~lever~~ Lever other positions in which the Head of the Child may present might be Described, but as they would require only a trifling deviation from the Rules here laid Downe it seems not Necessary to mention them those who desire a more particular Acc^t of them will be abundantly compensated by consulting M. Herbiniaux's book on the subject,

from the above I think I am⁶ authorized to conclude that the knowledge of the manner of employing the Lever may be acquired with greater ease than that of the forceps and if the action of these two Instruments be Compared the pre-eminence of the Lever will be found to be still more Considerable and Obvious for the Lever touching the Head of the Child in one point only, neither alters its shape nor offers any impediment to its making that turn which we always find it taking in a natural Labour the forceps on the contrary by pressing the Head on each side and Diminishing its bulk in one Direction increases it in the opposite and by being moved from blade to blade the only motion they admit without slipping ~~namely~~ Necessarily alter the Route the Head should take when the Lever is used the perinaeum is pushed out in form of a tumor before the Os Externum is in the least shifted as in a Natural Labour with the forceps the Os Externum is stretched by the Junction of the two blades as soon as the Head begins to Descend and before it Enters the Narrow of the Vaginum and Enlarges the Perinaeum, perinaeum consequently much more skill and address is required in managing the forceps, to avoid injuring the perinaeum than in using the Lever I could pursue the parallel farther but I think the above is sufficient to prove what I professed to show that considerable advantage will accrue from introducing the Lever into general practice instead of the forceps.



Eau pour fortifier la vue -

On fait Dissoudre dans un demi-litre
d'eau de rivière 30 centig. de sulfate de zinc
(couperose blanche) et 1 gramm. 35 centig. de
racine d'iris de Florence en poudre.

On bouche la bouteille que l'on met
dans un endroit frais.

La préparation se termine achevée après
24 heures ; on la passe à travers de la
toile ; on l'emploie en instillant l'œil
dans un petit bassin dit aillière, rempli de
cette eau.

Autre Eau de bleuet.

Cette eau est dite on l'appelle favorable
à la vue qu'on l'a surnommée carre l'oeil.

Fleurs de bleuet avec leur calice 60 gramm.
On les broie et on les fait macérer pendant
24 heures dans un litre d'eau, puis on fait
distiller à un feu de sable mouillé.

L'eau de bleuet est regardée comme
un excellent remède contre l'inflammation
des paupières, elle y joint la propriété
de fortifier la vue et d'embellir le teint.
On l'emploie comme l'eau de zinc ci-dessus.

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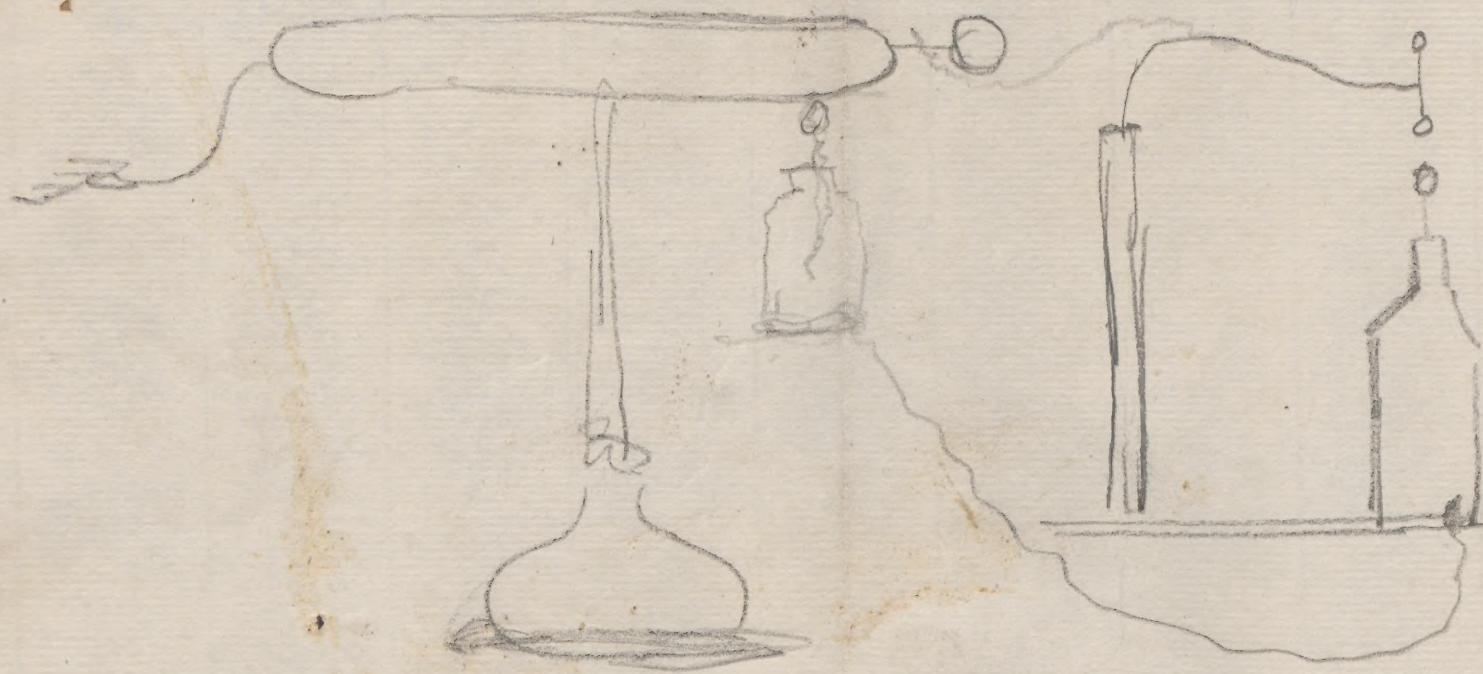
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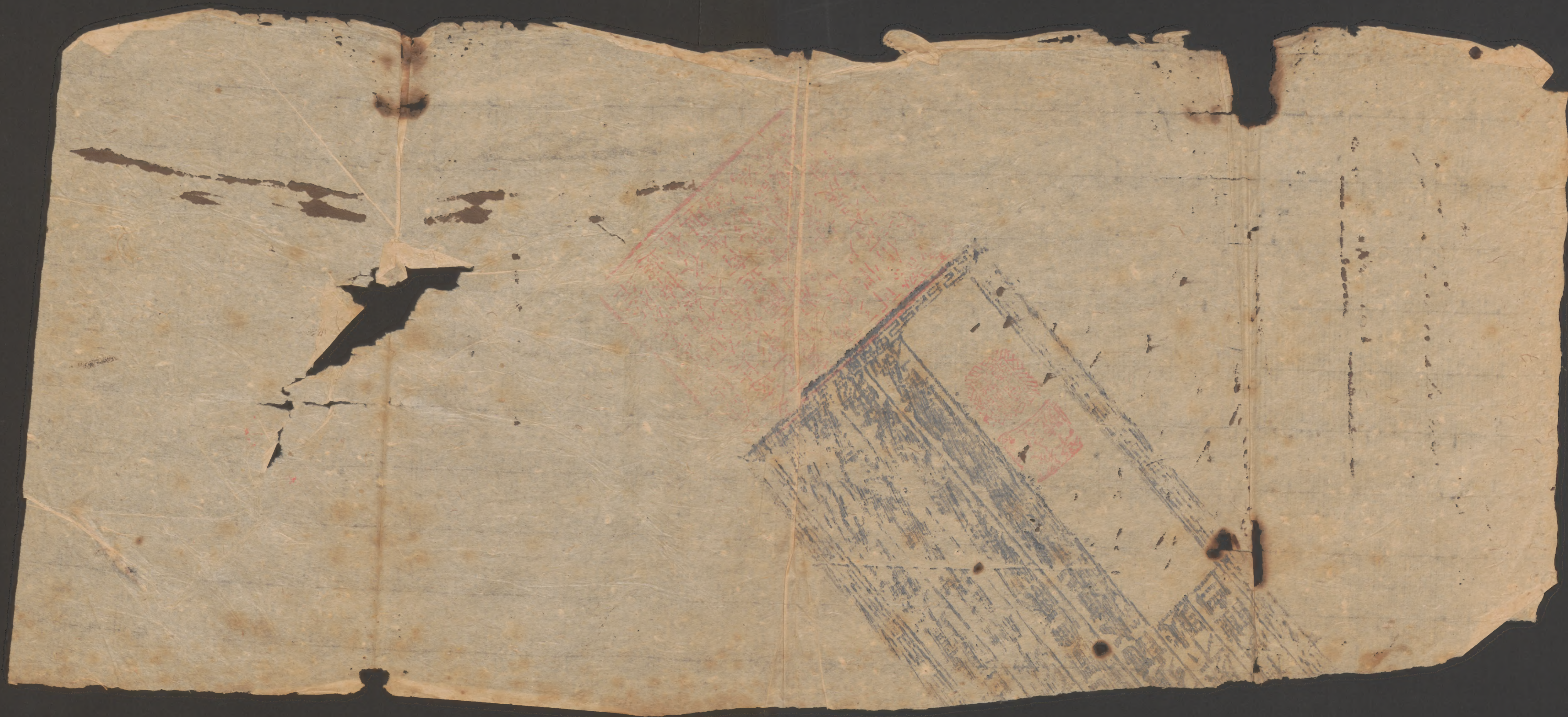
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Take two parts of mercury, one of zinc and one of tin: The zinc and the tin are to be fused and mixed together with the mercury; and the mixture agitated in a wooden box, internally rubbed with chalk. The mass is then to be reduced to a fine powder, and employed in that state, or mixed with grease: The effect of this amalgam is surprising: for by this means the power of electrical machines is inconceivably augmented.